

흉수 종양 및 흉추간반 탈출증에 대한 측방 늑막외 접근법

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= Abstract =

Lateral Extracavitary Approach to Thoracic Cord Tumor and Disc Herniation

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We treated 9 patients of ventrally or ventrolaterally located thoracic lesions with lateral extracavitary approach, six cases of ventrally located thoracic cord tumor, and three cases of central disc herniation. After operation, the patients' neurological symptoms were effectively improved and there were no significant postoperative complications. Compared to transthoracic approach, this approach is less invasive and enable simultaneous vertebral reconstruction and posterior spinal fixation. Although relatively small in number experienced, lateral extracavitary approach is considered to be a alternative method to transthoracic approach for the treatment of ventrally and ventrolaterally located thoracic lesion.

KEY WORDS : Thoracic spinal cord tumor · Thoracic disc herniation · Lateral extracavitary approach · Vertebral reconstruction · Posterior spinal fixation.

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Table 1. Summary of patients in this series

Preop. diagnosis	No. of cases
HTD	3
Cord tumor	5
Schwannoma	4
Lipoma	1
Spine tumor	1
Osteoblastoma	1

Table 2. Clinical manifestations

Operative method	No. of cases
LPEA	3
AIF + posterior fusion	1
Posterior fusion	2
LECA	6
AIF	2
Without fusion	4

LPEA : lateral parascapular extrapleural approach

LECA : lateral extracavitary approach

AIF : anterior interbody fusion

Table 3. Surgical methods

Postop. result	No. of cases (%)
Improved motor weakness	9 (100)
Normalized	7 (77.8)
Improved	2 (22.2)
Neurological deterioration	0 (0)
CSF leak : 1 (transient)	1 (0.1)*
Transient intercostal neuralgia	2 (22.2)
Postop. Instability	0 (0)

* : transient-CSF collection was subside within postoperative 1week

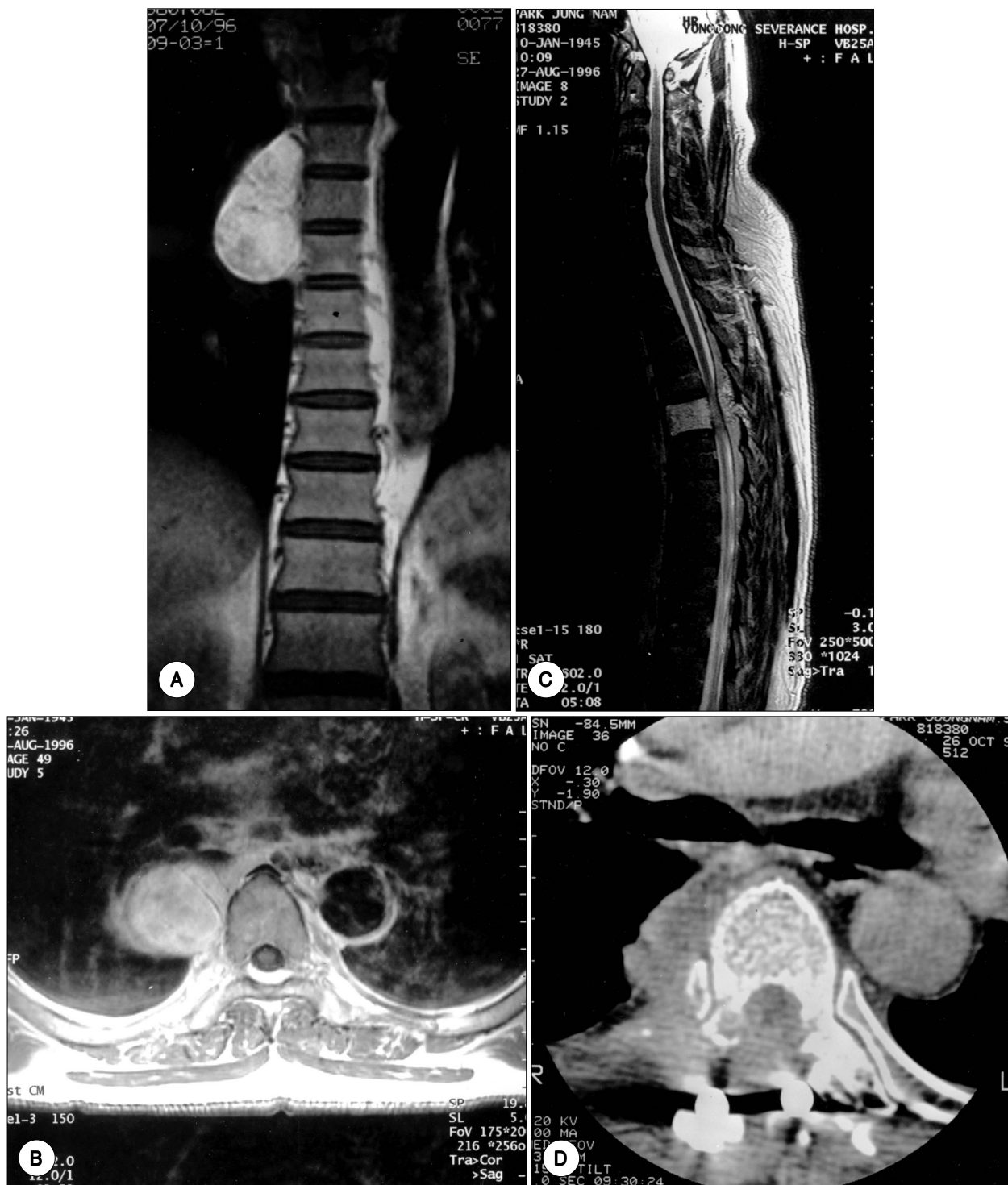


Fig. 1. Gadolinium-enhanced coronal(A), axial MRI(B), and T2-weighted(C) show huge paravertebral lipoma which extended to posterior epidural space. D, postoperative contrast enhanced CT indicate total resection of tumor mass with posterior fixation after laminectomy and costotransversectomy.



Fig. 2. Preoperative MRI show ventrally located schwannoma on gadolinium-enhanced sagittal(A), axial MRI(B), T2WI(C). Postoperative MRI indicate complete removal of tumor mass(D).

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